



Washington State  
Department of Social  
& Health Services

**សេចក្តីថ្លែងបញ្ជាក់ពីសាលារៀន**  
**STATEMENT FROM**  
**SCHOOL**

CSO/WORKER NAME/ឈ្មោះអ្នកកាន់សំណុំរឿង	TELEPHONE NUMBER/លេខទូរស័ព្ទ
CLIENT IDENTIFICATION NUMBER លេខសំគាល់ខ្លួនរបស់អតិថិជន	DATE/ថ្ងៃ/ឆ្នាំ

**SECTION 1: FILL OUT THIS SECTION BEFORE TAKING IT TO THE SCHOOL/ចូរបំពេញផ្នែកនេះមុននឹងយកក្រដាសនេះទៅសាលារៀន**

**By signing here, I give my permission to the school to complete this form for the Department of social and Health Services (DSHS).** (ដោយចុះហត្ថលេខានៅទីនេះ, ខ្ញុំអនុញ្ញាតឱ្យសាលារៀនបំពេញក្រដាសពាក្យនេះសំរាប់ក្រសួងសង្គមកិច្ចនិងសុខាភិបាល (DSHS) ។)

YOUR NAME/ឈ្មោះរបស់អ្នក	YOUR SIGNATURE/ហត្ថលេខារបស់អ្នក	DATE/ថ្ងៃ/ឆ្នាំ
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NAME OF SCHOOL/ឈ្មោះសាលា
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SCHOOL ADDRESS អាសយដ្ឋានសាលា	STREET ADDRESS លេខផ្លូវ	CITY ក្រុង	STATE រដ្ឋ	ZIP CODE ស៊ុបខ្យង
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**SECTION 2: THE PERSON IN THE SCHOOL'S OFFICE WHO IS IN CHARGE OF ATTENDANCE FILLS OUT THIS SECTION.** (ជនធ្វើការនៅការិយាល័យតាមសាលាដែលមើលខុសត្រូវផ្នែកបង្ហាញវត្តមានសិស្សត្រូវបំពេញផ្នែកនេះ។)

**A. COMPLETE THE FOLLOWING FOR EACH CHILD FROM THIS FAMILY ATTENDING YOUR SCHOOL.**

CHILD'S NAME	BIRTHDATE	IS THE CHILD ATTENDING SCHOOL:	IS THE CHILD IN SPECIAL EDUCATION CLASSES?	IS THE CHILD MAKING SATISFACTORY PROGRESS IN SCHOOL?	IF THE CHILD IS 16 OR OLDER, WHEN IS S/HE EXPECTED TO GRADUATE?
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Less than half-time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. WHAT IS THE HOME ADDRESS THAT YOU HAVE ON FILE FOR THE CHILDREN?**

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**C. COMPLETE THE FOLLOWING FOR THE PEOPLE YOU ARE SUPPOSED TO CONTACT IN CASE OF EMERGENCY.**

NAME	RELATIONSHIP TO CHILD	ADDRESS (INCLUDE CITY AND ZIP CODE)	TELEPHONE NUMBER

**D. PLEASE PROVIDE THE FOLLOWING INFORMATION IN CASE WE NEED TO CONTACT YOU.**

SIGNATURE	YOUR NAME (PLEASE PRINT CLEARLY)	TODAY'S DATE
TITLE	TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER

